WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State Mary and County 11 at 70%
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or ptreet address where death occurred:	Street No
Hartors remorial Hosp.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Carrie A	Anderson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
founds white Married	20, DATE OF DEATH Jan. 5 1945, at 27 P.
8.(3) Name of husband or wife Harry Edward Anderson	21. I CERTIFY that deeth occurred on the date above stated; that I attended deceased from
	and that I last saw h 2 alive on 5 19 4 5
7. Birth date of deceased (mo., day, yr.) July 25-1873	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 5 days
71 3 11hrsmin.	
ид.	Arterioseleratic Heart Disess
9. Birthplace	Due 10
1D. Usual occupation. House wife	must the pertensing Cardiovaseular
11. Industry or business	01364
# 12, Name Jacob Dull	Dther conditions
E 13. Birtholace	
Elizabeth Duff	(Include pregnancy within 3 months of death)
14. Maiden name. Z 12abeth Duff 15. Birthplace	Major findings of operations.
X 15. Birthplace	Date of op.
18. Informant County County Chief Chieferson	Antopsy results.
Address thee nd.	PHYSiCIAN: Please underline the cause to which death should he charged statistically.
17 Burlal Date thereof / 5 45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Bate thereof (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory	Where did injury occur?
Location Horford & hid	Injured at home, farm, Industry, public place (where?)
Mall Paper Vace	Means of Injury Injured et work?
18. Funeral director of	100 0012: NA
Address & Cellington Just	23. SIGNATURE CLAUSE N. FLAGU (VI)
19. Date rec'd by registrar) 19.95 Q. L. Leuris M. D. Registrar	Address Harlan Jenniel Horr Bate signed 1.5-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

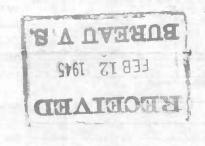


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CERTIFICATE OF DEATH

	1016
Reg. Diat.	No. 184

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County City or town (If outside city or town limits write RURAL and give nearest town) Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veleran, name war
3. (a) FULL NAME absolom	Beloher. 3. (b) Social Security Number
4. Sex S. Color or race 8.(a) Single, married, widowed, or divorced Married Release.	20. DATE DF DEATH
6.(c) Name of husband or wite	
8. AGE: Years Mowths Days It less than one day O	Due to Matanal
1D. Usual occupation	Doe to.
13. Birthplace Wyoning C W. Va-	Other conditions
15. 8irthplace Wyorking Co W Va 16. lotormant Assarda Beliker.	Major findings of operations
Address Darlington Md 17. But Date thereol Jet 2 1 9 4 V (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or oromatory Dublin Cimil	Where did injury occur?
18. Funeral director Hutert P. Harbins Address Delta, Par	Means of Injury Injured at work? 23. SIGNATURE F. F. Survey Consultation of the Consu
(Date roc'd by registrar) 19 48 Mi Gr. Purke	Address Warlunger Pul Balo signed & 3.1/4.5



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 18/

1. PLACE OF DEATH: 7/ A L	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	State Maryland County Har ford
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireel No. 119/3ll au aul
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
William J. Bonnett	717-07-5764
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Trace Volule Married	20. DATE OF DEATH. 19.45 at 1.30 A M
6.(6) Name of busbond or wife Amie & Comett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0 (4) Malling at 10 and 25 0	Jan 16th 1945, 10 Jan 16th 1945
7. Birth date of deceased (mo., day, yr.) Sull ruary //. 1886	and that I last saw h
8. AGE: Years Months Bays If less than one day	Immediate cause of death
58 11hrsmln.	coronary Commen
9. Birtholace, Baltimore md.	Due to artanio 2 le como
(Town, county and state)	
10. Usual occopation	Due to agina Jedovia
11. Industry or business	
12. Name Cryst W Connett	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Johnsona J. Broellman 15. Birthplace Paltineore md.	Major findings of operations.
\$ 15. Birthplace Vallenesse Md.	Date of op.
16. Informant Mul. Uma D. Wannett	Autopsy results.
Address /19 Dellie ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durial Bale thereof Suc. 20-45	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
(Burisl, cremation, or xemoval. Which?) Bale thereol (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location O Deceles	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Themy Sakkeng & Vous	Means of injury Injured at work?
Address Aberdew And.	120 P. Ileonson
Jan 19 "45 - Mellie Hiller	23. SIGNATURE M. D. or other
19. (Unte rec'd by registrar) Registrar	Address Herden (a Date signed Jan. 194

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ate rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1512

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CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: HARFORD (For newborn infants give residence of mother) or town limits, write RURAL and give nearest town Box Street No. (If rural, give LOCATION) How long in hospitat or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 6.(b) Name of husband or wife..... JAN. deceased (mo., day, yr.) 8. AGE: Il less than one day Due to. INFANT 1D. Usual occupation. 11. Industry or business GEORGE ALEXANDER BOWEN (Include pregnancy within 3 months of death) PHYSICIAN: Please anderline the cause to which death should be charged statistically Address 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or remoyal, Which? Accident, sulcide, or homicide, (month) (day) Where did injury occur? ... (City or town) (County) injured at home, farm, industry, public place (where?) ... Means of Injury Injured at work?

Registrar

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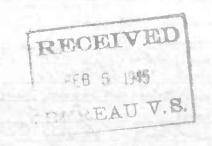
FEB 5 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore Blan CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city op town limits, write RURAL Hospital, Institution, or street address where death occurred: 606 How long in hospital or institution? 3. (a) FULL NAME MARGIN RESERVED FOR BINDING item of 7. Birth date of deceased (mo., day, yr.) Supply 8. AGE: please ADING INK. Physicians: p UNF important. 13. Birthplace WITH PLAINLY, vis especially (month) (day) (year) 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof (Burial, cremation, or removal, Which? Accident, suicide, or homicide...... Where did injury occur? (City or town)

Means of Injury

23. SIGNATURE

(If rurai, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Quate signed 1-24-40



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MARYLAND STATE DEPARTMENT OF HEALTH

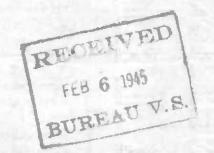
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

() () 564 Reg. Dist. No. 183

1. PLACE OF DEATH: County City or town. (If outside fity or town limits, write RUKAL and give nearest town) How long in above place of death?	State County County County City or town County
Hospital, Institution, or street address where death occurred:	Street No
How tong in hospitat or Institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Rodney Lee 2	3. (b) Social Security Number
4. Sex 5. Color or race (G) Single, married, widowed, or divorced (G) Hame of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 22. 19.00 R. M. 21. I CERTIFY that leads occurred on the date above stated; that I at leaded deceased from
	- Derla 10 10 Jan 2 2 10 45
7. Birth date of deceased (mo., day, yr.) The property of the sease o	and that I tast saw harmalive on 19 44
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION Congenital heart disease Bue to
(Fown, county, and state) 10. Usual occupation	Due to
11. Industry or business 12. Name 13. Birthplace	Other conditions
14. Malden name lace I was to make	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant Not July Daniel	Autopsy results
Address 17. Bate thereof Date (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill to the tollowing; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
19 (Date rec'd by registrar) 19 1945 Thomas P. Brown Registrar	23. SIGNATURE Manual Than M. D. or other Address Alanustury Pa Bate signed 1-23-45



Male

deceased (mo., day, yr.)

7. Birth date of

8. AGE:

9. Birthplace.

to. Usual occupation ... 11. Industry or business

t3. Birthplace

t6. Informant Address 17.13

Location

Address

(Burial, crema

t8. Funeral director

(Pate rec'd by registrar)

14. Malden name

6.(b) Name of busband or wife

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2 HOHAL DECIDENCE (HOME) OF DECEASED.

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Reg. Dist. No. 185

CERTIFICATE OF DEATH

DEATH AY TOTO	(For newborn infants give residence of mother)
The state of the s	Manufactor (1861)
(If outside city or town limits, write RURAL and give nearest town)	10,1040
place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
n, or street address where death occurred	
xford lemonal Hospital.	Street No
al or Institution? 15 hys	2.(a) If veteran, name war
	2 (b) S .: 1 S .: 1 W 1
AME Daniel Leonard G	3. (b) Social Security Number
5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 White Suple	20. DATE OF DEATH. 3 45 21 1027 P. M
band or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	19000 23 1973
day, yr.) Jan 23, 1945 500 Am	and that I last saw h. A. A. alive oo
Years Months Days If less than one day	Immediate cause of death
17hrs. 25min.	trematurity toan
(Town, county, and state)	Oue to
(lown, county, and state)	
(OR	Due to
siness	
Kichard Gordon	Olher conditions
Haure degrace Harford Could.	
	(Include pregnancy within 3 months of death)
ane Violet Contex	Major findings of operations
o: Oca W.Va.	
nation business and	Autopsy results
0.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
201014 100	22. VIOLENCE: tf death was due to external causes, fill in the following:
action. Greenoval, Which?) Date thereof	Accideni, suicide, or homicide
west natten grang	Where did injury occur?
Call and	(City or town) (County) (State)
o T	Means of injury injured at work?
101	nound of injury
Rising Sun and!	23, SIGNATURE CLOSELS H. Fragon M.D.
2 V 13 45 Q. S. Lewis M. D. Registrar	Address David Address Date signed

UNFADING INK. Supply every item of information carefulls, tant. Physicians: please write the causes of death clearly and important. WITH PLAINLY, is especially WRITE ASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00566

CERTIFICATE OF DEATH

		100
Reg.	Dist.	No. 182

1. PLACE OF DEATH: ()	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Harford	(For newborn infants give residence of mother)
-t = 1 = 1 = 1	State Mary County Largory
City or town. (If outside city or town limits, write RURAL and give nearest town)	- LUS 12 7-10
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME agnes Virginia	Security Number 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Widow	20. DATE OF DEATH. 9 9 19 45 at 4 45 A.M
Deal Da Seaston	
6.(b) Name of husband or wife Mckura L. 2900 flow	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	1844, 10 Jan 9 1945
7. Birth date of	and that I last saw had alive on
deceased (mo., day, yr.) Murch 27-1868	Immediate shuse of death
8. AGE: Years Months Days If less than one day	Chr myocarded Disease 141
79 9 12nrsmin.	
	Chr Dilerstetal Reflection 6 Mas
9. Birthplace Chestnut Holf Horford & Mid (Town, county, and state)	Due to
10. Usual occupation Atrice Well	
V V	Due to
11. Industry or business	
12. Name dockly conclet 13. Birthplace Harbork Co ma	Other conditions arlere or elevoses
13. Birtholace Hartout Co ma	
	(Include pregnancy within 8 months of deeth)
14. Maiden name Surah a Mark 15. Birthplace Chesturt Hill Mill	
15. Birthplace shestunt will mid	Major Endings of operations.
=1 15. Birmplace Section 1 4 000	Oate of op.
16. Informant & Mary Arollow	Antopsy results
Address + crest till mix	PHYSICIAN: Please underline the cause to which death should be charged statistically.
nucles 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Accept Date thereof Jan 1-45	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) Date thereof	
Cemetery or crematory Della Creek Hardon to be	Where did injury occur?
Location chesing Hill	Injured at home, farm, Industry, public place (where?)
marin Freut	Means of injury tnjured at work?
18. Funeral director	
Address Jarrettsville mi	10 March Plates Dia
11. 14. B: 10 + -1	23. SIGNATURE M. D. dr other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Forest Hell med Date signed 149/48

PINATURO STANFOTORAN

FEB 8 1945
BUREAU



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

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CERTIFICATE	OF	DEATH	Reg. Dist. No. 188

1. PLACE OF DEATH: Gounty, Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)
City or town Fdgewood Arsenal, Md. (If outside city or town limits, write RURAL and give nearest town)	state New York County New York
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 days in hosp. 2 yrs. at	City or town New York (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 326 E. 52nd St., New York, N. Y.
Station Hospital, Edgewood Arsenal, Md.	(If rural, give LOCATION)
How long in hospital or institution? 2 days	2.(a) If veteran, name war. World War II
3. (a) FULL NAME	3. (b) Social Security Number
HOBAN, Francis H. ASN 32198596	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 14 January 45
6.(6) Name of husband or wifeJeanette L. Hoban	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 21, 1916	12 January 45 to 14 January 1945
7 Right date of	and that I last saw him alive on 14 January 1945
deceased (mo., day, yr.) Oct. 20,1916	Immediate came of death Fractureskull DURATION
8. AGE: Years Months Days It less than one day	irontal and basilar, right, simple,
28 2 24hrsmin.	incomplete 2. Cerebral contusion, left 2 days
9. Birthplace New York, Na Ya. (Town, county, and state)	Due to
10. Usual occupation. U. S. Army	
11. Industry or business	Due to
	Other conditions Fracture, mandible, right.
I E	Laceration about right eve & right
	Laceration about right eye & right Lower Lipclude pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Suturing of lacerations Date of op 12 Jan 1945
16. Informant Army Service Record	Autopy results confirmed shove
Address Edgewood Arsenal, Md.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Audibas	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Transportation (Burial, cremation, or removal, Which?) Date thereof, (month) (day) (year)	Accident, suicide, or homicideaccident Date of 12Jan1945
Cemetery or crematory Coleman Funeral Home	Where did injury occur? Edge wood, Harford, Md. (City or town) (County) (State)
Location 1267, 1st Ave., New, York City	Injured et home, farm, Industry, public place (where?)Highway
18. Funeral director Howard M. Me Comas Son	Means of Injury Automobile accidentifured at work? auth. pass
Address Oling dow Moveyland	Carles of Son Com me and
Jan 16 145 Marie M. Mouls	23. SIGNATURE Curling J. Sagrae Comme 9/18 Le Station Hospital, Edgewood Argenal, Md. Address Date signed J. J. A. J. 5.
(Date rec'd by registrar) Registrar	Address Date signed 10 Jan 1945

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of deceased is shown on MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FILM No G 9 2 MAR 10 1945 CERTIFICAT	TE OF DEATH Reg. Dist. No
Clity or town. (If outside city or town lights, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts of residence of mother) State
How long in above place of death?	(If outside city or town limits, write RUFAL and give nearest town) Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Annie (Moore)	Hokkin 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married, Widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife. Back / Yackers 6.(c) If alive, give age 65 years	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) May 30, 1891	Immediate cause of death
8. AGE: Years Menths Days It less than one dayhrsmln.	Construct Venorty 12-45
8. Birthplace (Town, county, and state)	Due ta.
10. Usual occupation	Due to
12. Name 12. Name 13. Birthplace	Other conditions
14. Malden name	(Include pregnancy within 8 months of death) Major findings of eperations
16. Informant Mr. David / Yaskins	Autepsy results.
Address //3 So. Strawberry alley Holes.	PHYSICIAN: Please underline the cause to which death shen! I he charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17. (Burial, eremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Location	Where did injury occur?
18. Funeral director Madisin Mutelell	Means of Injury Injured at work?
Address Havy at scale with.	23. SIGNATURE Consider Service M. D. or other
(Date rec'd by registrar)	Address Date signed - 4-45

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FEB 5 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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1. PLACE OF DEATH: /arlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother)
Pounty Marks et al. Comments	mide Itailand
(If outside city or town limits, write RURAL and give nearest town)	State
How long in above pice of death?	(if outside city or town llmits, write RURAL and give nearest town)
Hospital, Institution, generated address where death occurrence	Clark N. 6 18 Bourfow At
6/8 Boweton St	Sireet No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Carrie Emma	Ley 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
temale white Single	20, DATE OF DEATH SAME 15 19 45 01 10 P, M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I situaded deceased from
	19 10 Jan 15 1845
7. Birth date of	and that I last saw h 2 alive on Qanc 15 19.45
deceased (mo., day, yr.) Mar. 3.0, 1984	Immediate cause of dealer DURATION
8. AGE: Years Monthe Days If less than one day	
60 9 6min.	June mysterances fews
	the state of the s
9. Birthplace Varion 6 Md.	Due to. and fronter
House Dulles	
10. Usual occupation	Oue to
11. Industry or business / Hanney	
12 Name Jacob Christophie Sley	Other conditions.
12. Name Jacob Christophie Sley 13. Eightplace	other conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name Annel Carlisse	Major findings of operations
14. Maiden name Annie Carlisle 15. Birthplaco	
The Sollies Wheedell	Date of op.
16. Informant	Antopsy results
Address Havre de Grace Ma.	
17 13 wial Date thereof Jan 181945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory Cingel Vell	Where did injury occur?
Naured Grand Mint.	
Location State State	Injured at home, farm, Industry, public place (where?)
18. Funeral director Madison Muchel	Means of Injury Injured at work?
Address Havre de Grace Mid.	Cal - 11 Pi
	23. SIGNATURE M. D. or other
19	Address Have De Strace Date signed 1-16-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Diat.	No
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City or town. (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospitat, institution, or street address where death occurred:	Street No		
How long in hospital or instilution?	2.(a) If veteran, name war		
3. (a) FULL NAME	Lawham (Lanham)		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Recursed	MEDICAL CERTIFICATION 20. DATE OF DEATH J arrang 30 19 45 68 M		
6.(b) Name of husband or wife 5.0.5.2. M. Second of husband or wife 5.0.5. M. Second or wife 5.0.5. M. Sec	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Cerebral hemselves DURATION		
9. Birthplace Danville T/1. (Town, county, und state) 10. Usual occupation Non Elmology ed	Due to		
11. Industry or business 12. Name	Differ conditions.		
14. Maiden name 4 Anown	(Include pregnancy within 8 months of deuth) Major fiadings of operations.		
16. Informant Mrs Rose M. Lanham. Address Edgewood Hats - Hat Pord Co. Md	Autopsy results		
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)		
Address S305 Sdayford Rd	Means of Injury Means of Injury Plant C. Pariner 23. SIGNATURE M. D. or other		
19. (Dute rec'd by registrar) A Registrar	Address Bel Air Market Signed 1/30/5		

2901 Lake merly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 334

00571

CERTIFICATE OF DEATH

Rog. Diat. No. 183

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn Infants give residence of mother)
City or town	State County X
How long in above place of death? 62 400	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Street Ho
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) ff yeleran, name war
3. (a) FULL NAME George Ofolmes L	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mude white manil	20. DATE DF DEATH 20. 1 19 45 11 2 5 M
6.(b) Name of husband or wife dama & dama	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6,(c) If alive, give age 60 years	Sept. 1947, 10 Jan. 1 1942.
7. Birth date of	and that f last saw h Delive on
8. A.G.E: Years Months Bays If less than one day	Immediate capte of death DURATION
14 3	Curam Day ocardita
6 2 3 1	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Seage Leman 13. Birtholace Handy Co Jul	Dither conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name hen gare Kind	
14. Maiden name hour for the land of the l	Major findings of operations.
6 (11)	Date of op.
18. Informant Musa Rocke I L	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
Address Plank Like	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removai. Which?) (Buriai, cremation, or removai. Which?)	Accident, suicide, or homicide
Biel	
Cemetery or crematory	Where did injury occur?
Location remarks to the second	Injured at home, farm, industry, public place (where?)
18. Funeral director Howard D. Macheline	Means of Injury Injured at work?
Address white Hall he	ff 70 71
1 00	23. SIGNATURE M. D. or other
19 (Date ree'd by registrar) (Date ree'd by registrar)	Address Parleton had not stoned 1/2/45

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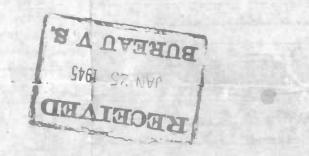
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CERTIFICATE OF DEATH

00572 Rog. Diat. No. 185

T. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Target Ta	(For newborn infants give residence of mother)
City or town there bel some	State County Lightly and State
(If outside city or town limits, write RURAL and give nearest town)	City or town Covingto
How long in shove place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 19 5- howard St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME Carrie Essie, Le	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
To le White manuel	
Jenare 100	20. DATE OF DEATH. 19.45 at 12:30 Am
6.(6) Name of husband or wife le harles undrew Lines ag	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
Function of the state of the st	January 1 (1844, 10 January 9 19 90
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Sept 7 Pel, 16-1878	Immediate cause of death
8. AGE: Years Months Days If less than one day	a ble of
66 67 14min.	1 184
9 84 77	Taught 1
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation. Thouse wife	
10. OSUZI OCCUPATION	Due to
11. Industry or business	1 A
12. Name of loyd bodyes	Other conditions hypertener arter?
\$ 13. Birthplace Terring	selfore
M	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Vergenia	
16. Informant Mrs. William & Fleter	8 d
4	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Ontario et. Ed. Savide Brace Mid	
17 Bernoval Date thereof Jan. 10-1985	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Lawringhow	Where did injury occur?
Location Covings Va	tnjured at home, farm, Industry, public place (where?)
11 (1)	Means of tnjury Injured s1 work?
18. Funeral director David avery James	6 1 A 3
Address Aldredeen md	
	23. SIGNATURE M. D. or other
19. 1-10- 13.45 a.d. Leure	Have le Han Land
(Date rec'd by registrar) Registrar	Address Date signed





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37

00573

CERTIFICATE OF DEATH

			1	0	4
Reg.	Diat.	No.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State
How tong in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kate C. Mar	Sin mone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fundo Mlito Milonel	7. 1
5 1 1 6 7 4 1	20. DATE OF DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 7.0 10 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
8-2 // 8hrs. min.	Constrail of my tone
Tallham made	Careoner Duny account
9. Birthplace (Town, county, and state)	Due to Occurrence
10. Usual occupation	
11. Industry or business I may there and	Due (a
E 12. Name Tosal Delo	
13. Birthpiace	Other conditions
KI 13. Britispiece	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
15. Birthplace Tropy for my	Date of op.
16. Informant 2 2 Martine	Autopsy results.
Address After med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bar - 1 0 1005	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
in Frank 2 ill med	
Location 1	tnjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
16. Funeral director	Injured at work?
Address rann since Cal	henny sorve to
0006	23. SIGNATURE M. D. or other
19. (Date rec d by registrar)	Address Dichelle (Md. Bala strend 1-6-44

MAR 6 1945 BUREAU V.S.

	Evidence		
200	cause of	death is	show
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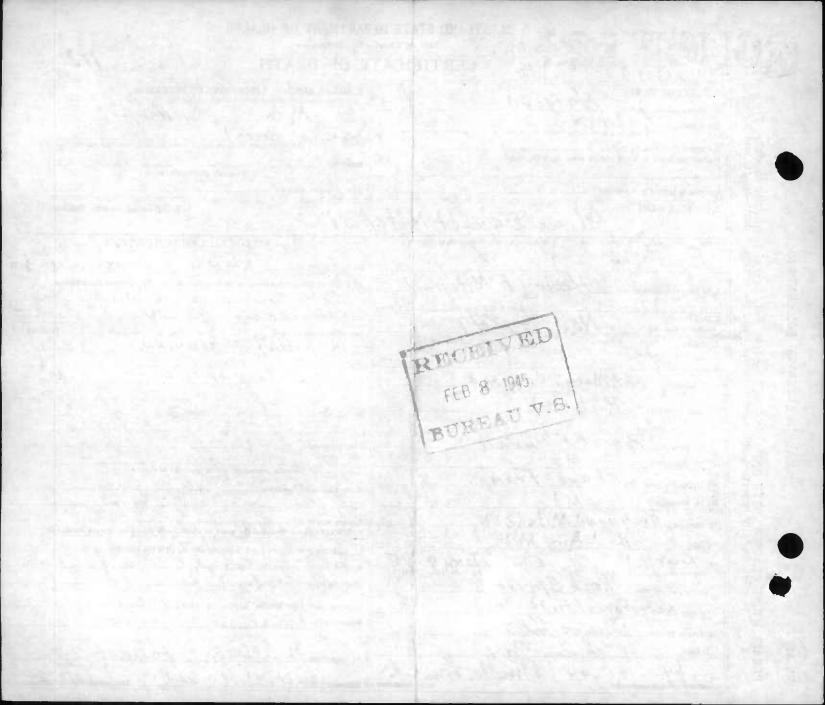
MARYLAND STATE DEPARTMENT OF HEALTH shown on

2411 N. Charles St., Baltimore 186-a)

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IN No G 9 4 APR 7 1945	CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Harterd	(For newborn infants give residence of mother)	
City or town	State County Harford	***************************************
	City or town (If outside city or town limits, write RURAL and give r	connect town)
How long in above place of dealh?		carest sowny
	Street No. (If rural, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) It veteran, name war	440000
3. (a) FULL NAME		
Alice Duvall Mite	hell 3. (b) Social Securit	у пашрег
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
- W W	20, DATE OF BEATH JAN 1 7 1945	1120 A
11 FM (1 1)		
6.(b) Name of husband or wife Henry F Mitetrell	21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from
	gan 2 1045 10 gan 7	
7. Birth date of deceased (mo., day, yr.) Nov 19-1849	1	19,6
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
95hrsmin.	HY POSTATIC PNEUMONIA	3 da_
9. Birthplace	Due to FRACTURE OF HIP	710
10. Usual occupation Retired	0 '1 1 0 0 00	
	Due to Occidental Galle Cooker	
11. Industry or business		
12. Name Robert F Duvall 13. Birthplace Md	Other conditions	
	(include pregnancy within 8 months of death)	
14. Maiden name Julana France 15. Birthplace Md	Major findings of operations	
≥ 15. Birthplace	Date of op	
16. Informant Richmond Mitchell	Autopsy results	************
Address Bel Air, Md	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
	22. VIOLENCE: 11 death was due to external causes, fill in the following;	
17 Burla, cremation, or removal. Which?) Bate thereot. Cany 9 45 (month) (day (year)	Accident, suicide, or homicide. Occadent. Date offer	mary 21, 19.45
Ken II Sature	Where did injury occur? Johnson of transferrall (County)	
	(City of town) (Connty)	(State)
Location Near Forest Hill N	injured at home, farm, industry, public place (where?) .C.t. hazarla	
18. Funeral director. Dulan V Jolo	Means of Injury Occidental Lall, Injured at work?	
Address Belan Man	1 Selland P. Hudso	
110), qa-other /
19. (Dat red d by registrar) 18.44 Wellla Tollwood Registrar	Address Forest Hell, Md Bate signe	1/0/1/5



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/-0

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CERTIFICATE OF DEATH

Reg. Dist. No.....

Hospital, Ins	(If outside city or town limits, white RURAL and give nearest town) above place of death? slitution, or dreet address where dath occurrent	City or town (1f outside cityes town limits, write RURAL and give henrest town) Sireet No. (1f rural, give LOCATION)
	ILL NAME	Moore 3. (b) Social Security Number
	ot husband or wife Sales S.(a) Single, married, widowed, or divorced Note Married Other Moore 6.(c) If alive, give age, 19	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date deceased 8. AGE:	Years Months Bays If less than one day 80 18 18 18 18 18 18 18	and that I last saw h alive on 19.7.7. Immediate cause of death DURATION
	mill.	Due to U.S. J. J. C. L. T. J. C. L. T. J. C. L. T. L.
14. Ma 15. Biri 18. Informar	iden name Illury Office (inplace)	(Include pregnancy within 8 months of death) Major findings of operations Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
	Secural Bate thereot Townth (day liver) or crematory (1984)	
Location 18. Funeral Addiness	P. Woding Mitalell	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at Work? 23. SIGNATURE M. D. or other

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1. PLACE OF DEATH

Now long in above place of de Hospital, Institution, or stree

Now long in hospital or instil 3. (a) FULL NAME

6.(b) Hame of husband or wit

7. Birth date of deceased (mo., day, yr.)

9. Birthplace...... 10. Usual occupation. 11. Industry or business

Cemetery or crematory..... Location ... 18. Funeral director.

MOTHER

8. AGE:

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

00576

CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
hty had a second a se	(For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State County County
r long in above place of death?	City or town than a cu trace Md.
pital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 11 CM Control 1984
	(If rural, give LOCATION)
long In hospital or Institution?	2.(a) If veteran, name war
(a) FULL NAME Homes Moore	3. (b) Social Security Number
5. Cofor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
not will married	1 10:30
The Trans	20, DATE OF DEATH
b) Name of husband or wife ///and (Duran)	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	18 / 3 . 10 / 3 - 2 / 18 / 3 -
lirth date ofyears	and that I last saw halive on
eceased (mo., day, yr.) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
AGE: Years Afonths Days If less than one day	Immediate cause of death
72 6 21hrsmin.	
Birthplace Tange Received	Due to.
(Town, county, and state)	Cormany Montosis.
Usual occupation	Due to.
Industry or business	DUC (V.
m' I 'n m	
12. Name	Dither conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Martha Metal	(Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace // anyland	Date of op.
Informant / Mes. / Maky Oreen Myore	Antopsy results
Address 711 Ontail St. Have de Mass	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address / / October / / Address of the control of t	22. VIOLENCE: If death was due to external causes, fill in the following;
Bariai, cremation, or removal, Which?) (month) day) (year)	Accident, suicide, or homicide
Bariai, cremation, or removal. Which?) (month) May) (year)	
emetery or crematory	Where did injury occur?(City or town) (Connty) (State)
ocation Have de Prace	Injured at home, farm, Industry, public place (where?)
PZIA	Means of Injury Injured at work?
Funeral director	Injured at Autor
ddress Hame de Hlean Md	11/10/11/1
	23. SIGNATURE
1-23.45 19 a.L. Leuis M. D	M. D. or other
(Date rec'd by registrar) Registrar	Address Steere Cla (Terress Date signed 123/

HEREN TO DESCRIPTION THE OF HEREN

CONTRACTOR CONTRACTOR DE SENTEMBRADA

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BUREAU V.S.

2411 N. Charles St., Baltimore 93-d)

DURATION

CERTIFICATE OF DEATH

	1702. 2700. 1707	***************************************
1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn fufants give residence of mother)	
City or town	State County Many	*********
How long in above place of death?	(If outside city or town limits, write RURAL and give neares	st town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) 11 veteran, name war	***********
3.(a) FULL NAME Bryarly Mu	WNIKhuyseN 3.(b) Social Security Nu	ımber
4. Sex S. Color or race Male White Married, widowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH, January 17 19 19	8
B.(b) Name of husband or wife Mille & Kirky 6.(c) If alive, give again years	21. I CERTIFY that death occurred on the date above stated: that I attended decease	d from
7. Birth date of deceased (mo., day, yr.) Juny 18 - 1888	and that I last saw h.l.Malive on	19
8. AGE: Years Months Days If less than one day 56 // 29hrsmio.	Hypertensine	15 M
9. Birthplace	Due to	
1D. Usual occupation	Due to	
11. Industry or business 12. Name	Other conditions.	500000000000000
14. Maiden name. Ella Server 15. Birthplace New Control of the Co	(Include pregnancy within 8 months of death) Major findings of operations.	J4 0000 00 00 0000
16. Informant Man Invilla I Munichangelia	Autopsy results. PHYSICIAN: Please underline the cause te which death sheuld be charged sta	tistically.
Address Bull Cu Med 17. Bussel (Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	180000 00 0000 00
Cemetery or crematory Massagar	Where did injury occur?	State)
18. Funeral director. Angus Y Francis	Means of Injury Injured at work?	10-
Address Belan med	- 23. SIGNATURE Levald (", Jalmer)	1
19. (Data pc'd by registrar) 1945 Unsella Forword Registrar	Address Bel Air No. Date signed 1	17

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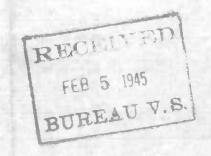
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M	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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RESI	G INF
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	LAINLY, especially
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

TMENT OF HEALTH	00578
OF DEATH	Reg. Dist. No. 485
SUAL RESIDENCE (HOME) O	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ADA ADA	(For newborn lufants give residence of mother),
(If outside city or town limits, write RURAL and give nearest town)	State Mand County Horford
	City or town Edgeword
How long in above place of death? Hospital, instilution, or street address where leath occurred:	(M outside city or town limits, write RURAL and give nearest town)
nospital, institution, of Street seators where ecutif econics.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Amelia No	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temele White Widowed	2D. DATE DF DEATH
B.(6) Name of husband or wife alex as des Norrei	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Oct 19.44, to 18.45
7. 8irth date of deceased (mo., day, yr.)	and that I last saw h. alive on alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death Hypros (a Ct & procuring DURATION
89 3 2hrsmin.	Chanic grows employ ywks
8. Birthplace Edgewod forfud to Mid (Town, county, and state)	Due to arlande elevation (CV Desare 18 yrs
1D. Usual occupation. Housewife	Due to
11. Industry or business	general control of the control of th
12. Name Attack Jacob Laut	Diher conditions. Hy per lensuri '
	(Include pregnaucy within 8 months of death)
14. Malden name. Hra derica Escurard 15. Birthplace Survivous	Major findings of operations.
21 15. Biringlace	Date of op.
16. informant Leigh Morris	Autopsy results
Address Edgeund maryland	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
2 1045	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Drivety Setters	Where did injury occur?
Location Japa, Harfiel Co. Mil	Injured at home, farm, industry, public place (where?)
18. Funeral director Howard K. The Comes from	Means of Injury Injured at work?
Address aburdon Maryland.	1 Reply Honly Wen
19. Jan 3 19. Marie M. Moule Registrar	23. SIGNATURE. M. D. ozyother M. D. ozyother
7	Housest Andrews Date Askney Committee Committe



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

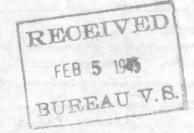
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	111,-	
Reg. Dist.	No. 125	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(Far newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State County of the State of th		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, of street address where death accurred:	Street No. Market & Commune		
M. Janus Jula	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sister Mary Junesia	Emma Sunday -		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Finale White Kingle	20. DATE DE DEATH 0 9 19 4 3 RZ 9 M		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Stiended deceased from		
	10 c 1 1 1 1 9 1 1 43.		
7. Sirth date of			
deceased (mo., day, yr.) Jan. 2-1876			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
69 — 6hrsmin.			
M.			
9. Birthplace	Due fo.		
10. Usual occupation. Cleaning	***************************************		
11. Industry or business	Oue to		
12. Name Carl Brunsky 13. Birthpiace Plenning	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Wilhelmann Builon	Major findings of operations		
N 4 ' 0011 1/10	Oate of op,		
16. informant 1. January 1880 Harp. Records	PHYSICIAN: Please naderline the cause to which death should be charged statistically.		
Address Have de Grace Md.			
17. Burial Date thereof 1/1/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Thoug Kedeense	Where did injury occur? (City or town) (County) (State)		
Location Baltinger Md.	[City or town] (County) (State)		
18. Funeral director Leaven ten & Son	Means of Injury Injured at work?		
-11 , ab a.	01 25.0		
Address Havede Chave Md.	23. SIGNATURE Leading to foling to 5		
19. 1-10- 19.45 O. A. Sula M.D. Registrar	Address Address Spice signed		
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2411 N. Charles St., Baltimore 947 CERTIFICATE OF DEATH 00580

8 Reg. Dist. No ...

1 PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write DERAL and give nearest town)	Stale Mg County Starford
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME arthur & P	arker 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widewed, or diseased	MEDICAL CERTIFICATION
made House single	2D. DATE DF DEATH 19 19 12 12 12 18 M
6.(b) Neme of husband or wife	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of years	and that Elast saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
66 10 27hrsmin.	Je seems seed in Jelley
8. Birthplace Franklyn M.	gose to
(Town, county, and state)	angure leelous 4 Weeks
1D. Usual occupation	Due to
11. Industry or business	
12. Name 13. Burtannace Claid Co. Mid	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Martha Orthur 15. Birthplace Baltimore, Mid	Major findings of operations
may a p mayoria	Date of op.
16. Informacy 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Autopsy results
Barbaral Was Sylace Mg. KA	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, demation, or removal, Wildeld) Date thereof (month) (day (year)	Accident, suicide, or homicide
Cemetery or Carter Cum	Where did injury occur?
Location Starford Co, Mids	Injured at home, farm, Industry, public place (where?)
18. Funeral director At S . Bailey	Means of Injury Injured at work?
Address arlington Met	116, 400 mis
Could be Dit BK 1+	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 1-5-43



2411 N. Charles St., Baltimore (5/2)

00581

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn lnfants give residence of mother)	
County	(c-bat)	
Oily or town	State County County	***********
(If outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of death? 278 &ys-	(if optside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	City or town (if ontsidecity or town limits, write RURAL and give nearest town Street No.	
Hospital, Institution, or street address where death occurred:	Street No	
277004	105.	
How long In hospital or institution?	2.(a) It veteran, name war	*********
O (-) PHIL MARKE	3, (b) Social Security Number	
3.(a) FULL NAME Grant S	xton 217-24-36	2201
91411	2/1-2/200	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	Trans 3 15 2	45
Marie Maries	20, DATE OF DEATH January 3, 145, 01 2	A.M
Augusta Paxton	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
B.(b) Name of husband or wite	21. I CENTIFY that begin occurred on the date above stated, that I ettember becoases from	45
) (a) If all the clue are	Dec 7 10 14 10 Jan 3.	9
7. Birth date of May - 28 - 1878	and that I last saw h. 1	19.10
deceased (mo., day, yr.)	Immediate cause of death	RATION
8. AGE: Years Months Days It less than one day		MITTER
4-5 7		• • • • • • • • • • • • • • • • • • • •
₩₩hrsmin.	Cardio respiratory Failure	
Emmitsburd Fredrick Co., M.		
8. Birthplace (Town, county, and state)	Due to Palmmary Embolus 3.	min.
Carrenter		
10. Usual occupation	Due to.	
et toduciru ar hucinoso	Due 1 Denocarcinama of Prostate ly	ROLT.
	Other conditions	
13. Birthplace Tredrick Co., MD.		
	(Include pregnancy withlu 8 months of death)	+.
14. Malden name Emily J. Null 15. Birthplace Fredrick Co. Md.	Major findings of operations. Admirage curona of Prost	
5 15 Richniace Fredrick Co. M.	anaplastic type not of an 12-13	-44
Mys Augusta toxton	anaplastic type Date of op 12-13	
16. Informant MYS Mugusta Tox.	Autopsy results	
Address Street, Md RFD #2.	PHYSICIAN: Flease underline the cause to which death should be charged statistical	у
Address Office 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Bate thereof (month) (day) (year) Cemetery or senatory Andor Carl		
(Burial, cremation of Which?) (month) (day) (year)	Accident, suicide, or homicide	
Sandan Park Cem	Where did injury occur?	
Cemetery of the control of the contr		
Joseph Baltimore City	Injured at home, farm, industry, public place (where?)	
LIN POI	Means of Injury Injured at work?	
16. Funeral director. 57:-3. Boulus	0.0	133701
Appress Darlington Md.	40 0 0 0 0 0 mg	
	23. SIGNATURE CLOSE N. Jahr MO	
1. Law. 3 1945 - G. L. Keins m. D.		1-
19/au. 3 19/15 a. T. Leuss Mr. D. (Data racid by recistrar) Registrar	Address Jessis de grace Ma Date signed 1-3-	CT

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MARYLAND STATE DEPARTMENT OF HEALTH

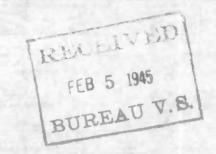
2411 N. Charles St., Baltimore



00582

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-	Dies	N.	180	

	Nog. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town (If outside city or town limits, write KUKAL and give nearest town)	State Margaret County Harford
How long in above place ot death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	11 4 1-102 5000000 8 5
	Street No. 4 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Alvina R. Phillip	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenule Colone Sengle	20. DATE DE DEATH January 14 19 45 81 PM
B.(b) Namo of husband or wifa	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of 9 Color	and that I tast saw halive on
deceased (mo., day, yr.) ALD TO THE BASE I It less than one day	Immediate cause of death
8. AGE: Years Mooth's Days It less than one day	atelectosis right lung 4 days
9 /min.	
9. Birthplace Sharow Pa	Due to
(Town, county, and state)	
10, Usuat occopation	Due to.
11. Industry or business	
# 12 Name alrew S. Phillips	Other conditions
13. Birthplace Sharen Pas	
	(Include pregnancy within 8 months of death)
14. Matden name Puth Coup 15. Birthplace Sharry apa	Major Eudings of operations.
≥ 15. Birthplace Shartn	Date of on
16. Informant Ruth C. Phillips	Autopsy results.
Address ELADenred Mil 11 A Hartman St	PHYSICIAN: Flease underline the canae to which death aboutd he charged atatistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or reportal, Which?) Date thereot (month) (day (year)	Accident, suicide, or homicide Occapant Bate of Jan 6 1945
Cemetery or crematory Engrel Reentsel	Where did injury occur?
Larias Pa.	
Location T. Market C.	Injured at home, tarm, industry, public place (where?) Means of injury Accelled Three Privile Privile at work?
18. Funeral director Truck & Mc Comus Paru	Means of injury work?
Address abuydon maryland	Deputy Medical Examiner
104 15 45 m. mm 11	23. SIGNATURE M. D. or other
Date rec'd hy registrar)	Address Beldin Nd. Date signed 1/15/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95%)

CERTIFICATE OF DEATH

00583

Reg. Dist. No. / 82

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL find give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LORETTA PIEKENBROCK	noul
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. Wh Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 4:23 Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.44 to 19.45 and that I tast saw here alive on 19.45 Impossible cause of death Decases 67 mos Due to Other conditions (Include pregnancy within 3 months of death)
E SIALLING THE STATE OF THE STA	Major findings of operations.
16. Informant Logical Second Address Rock Spring 17. Baria (Burial, cremation, or removal, Which?) Cemetery or crematory Rock Spring Location Mark Forces Hill 18. Funerat director Sean & Jack Address Blan Mak	Antopsy results
(Daga ree'd by registrar) Registrar	Address Forest Hell, md Bate stand 1/5/4-





2411 N. Charles St., Baltimore 5 CERTIFICATE OF DEATH

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			/	JP 99
Reg.	Dist.	No.	10	2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
Haw land in above place of death?	(if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?		
	Street No	
How long in hospital or institution?	2.(d) If veteran, name war	
3. (a) FULL NAME Sarah 6 Ray	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, browed, or divorced	MEDICAL CERTIFICATION	
· F C W	20. DATE OF DEATH January 16 195 21 105 p	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) Jeffy 5 - 1859	and that I last saw h.C.Y. alive on	
8. AGE: Years Months Days If less than one day hrsmin.	Immediate cause of death Carcinoma Pheast 6 mo	
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation.		
	Due to	
11. Industry or business		
12. Name Walley Walland	Other conditions	
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations	
E 15. Birthplace	Date of op.	
18. Informant Metalda Hemore	Autopsy results	
Address Bellan	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
A / () - 20/11/-	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, eremation, or removal, Which?) (Burlal, eremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Charles Charles	Where did injury occur?	
Location Supern	Injured at home, farm, Industry, public place (where?)	
Denny Inter	Means of Injury Injured at work?	
Address Belan My	Toyld C. Palmer 15;	
19. 1/18 19 4 Priscilla Found Registrar	23. SIGNATURE M. D. or other Address Beldin M. D. or other Date stened 1/16/9	

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2411 N. Charles St., Baltimore 916

CERTIFICATE OF DEATH

00585

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Reg. Diat.	No	/ D.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother)		
City or town Obeside city or town limits, write RURAL and give nearest town)	State County Cook		
How long in above place of death? 12 ARS Hospital, institution, or street address where death occurred:	(If outside city or town limits) write RURAL and give nearest town) Street No. 4955 Cravil Cere.		
STATION HOSPITHALP.P.G. M.d.	(If rural, give LOCATION)		
How long in hospital or institution? 4 days	2.(a) If veteran, name war		
3. (a) FULL NAME LEROY RICHARDSON	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed or divorced MALE COLORED manufidurised 8.(b) Name of tructured or wife Ruth Morris Rich	MEDICAL CERTIFICATION 20. DATE DF DEATH. 25 John 19. 45 at 1.4 00 M 21. I CERTIFY that death occurrent on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 27 Nov 1914	and that I last saw h		
8. AGE: Years Months Days If less than one day 28 Months Days If less than one day 30 / 28hrsmin.	Immediate cause of death Leute ends cardeles Supartons Cerebral Luk		
9. Birthplace Silmone (Town, county, and state) 10. Usual occupation Luttull 11. Industry or business Rand Montal	Due to. Due to. Due to.		
12. Name	Diher conditions (Include pregnancy within 3 months of death)		
14. Maiden name Mary Rechardsons 15. Birthpiace	Major findings of operations		
16. Informant The Surgeo- Address Station Hospital, a.P. S., Ind.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Macked Lee	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location arkanous.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
Address 536 Jewis St. Havre de Graco, Mil	23. SIGNATURE. Cistoffer Buen Stoff live		
19. Tellie 2. Registrar	Address Chief of hall. Aeroice Date signed 25 for 45		

AND RESIDENCE OF THE PARTY OF T SPEASO OF STANSON

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-2

00586

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothor)
County Have De Orace	State Marylan County Hartord
City or town (If outside city or town limits, write RURAL and give nearest town)	1 house la laboration
How long in above place of death	City or town
Hospital, Institution or street address where death occurred:	Street No.
42 dans.	(If rural, givo LOCATION)
Now long in nospital or institutions.	2.(a) If veteran, name war
3.(a) FULL NAME Frances Katherine	Ritchie 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timal While Married	20. DATE OF DEATH JUNUARY 21 19.45, at 4 / A M
Moulal Ritalia	21. T-CERTIFY that death occurred on the date above stated: that 1 attended deceased from
8,(b) Name of husband or wife.	Dee 10: 1944 to Jan. 21 1945
7. Birth date of A. C. J. S. O. C.	and that I last saw hex alive on Jon 21 19 45
deceased (mo., day, yr.) Nay 8, 1897	Immediate cause of death
8. AGE: Years Months Days If Jess than one day	T :+: 2 ws.
47 9 13nrsmin.	J Manillon
9. Birthplace	Due to Paxive ious Arenna
10. Usual occupation	
11. Industry or business Own Vorus.	Due to
THE HUMBERT OF BUILDING	Prolitic Custitic
12. Name Left witch 13. Birthplace Virginia	Other conditions
	(Include pregnancy within 3 months of doath)
= 14. Malden name	Major findings of operations
15. Birthplace	Date of op.
16. Informant Merkel Kitchie	Antopsy results hiver dequeration the thing legitific
Address Howsed a grove Rt Z. Wd.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bnrial, cremation, or romogal, Wbich?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory designation Changel	Where did injury occur?(City or town) (Connty) (State)
Location near Churchirle, Md.	Injured at home, farm, industry, public place (where?)
(P) the of Dans	Means of Injury Injured at work?
18. Funeral director	NO 0910.11
Address Hamede Mace 1/14.	23. SIGNATURE CLOSUS (FIGOR MI)
19. /-23- 19. (Date port by registrar) 19. 45 O. L. Leuris M. N. Registrar	Address Havedagrace, No Date stened 1-21-45

MARIE DE SINTE DE MARTINE PENEDE CERTIFICATION CON CONTROL CON

MENT PROPERTY AND PARTY.

BUREAU V.S.

2411 N. Charles St., Baltimore 1972

CERTIFICATE OF DEATH

00587

Rev. Dist. No. 184

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town	State County County	
How long in above place of death?	City or town 155 seed 0 2	
Hospital, institution, or street address where death occurred	(If outside city or town limits, write RURAL and give nearest town)	
Stuffen-adn Road	Sireet RO	
How long in hospital or institution?	(If rural, rive LOCATION) Java Col,	
	2.(a) If veteran, name war	
3. (a) FULL NAME Paul Engene Rocks	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white single.	20. DATE OF DEATH. 2000 200 200 200 200 200 200 200 200 2	
2	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from	
6.(b) Name of husband or wife.		
7. Birth date of	19	
deceased (mo., day, yr.) December 23 1944	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
—— / 5nin.	Les general Henry	
11 1-20 - 7/1/1/20	Disense	
9. Birthplace (Town, county, and glate)	Due to	
10. Usual occupation		
11. Industry or business	Duo to	
12. Name Englise toard Rockey.	Dther conditions	
Elica Vahenia Malena	(include pregnancy within 3 months of death)	
14. Malden name acce rema 110400	Major findings of operations.	
14. Malden name acce fryma Motton 15. Birthplace Darlington, ma.	Date of op.	
16. Informant Eugene Flourd Rockey	Antopsy results.	
Address Street, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burio 1 Van 30 1941	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, exemption, ex	Accident, suicide, or homicide	
Cemetery Quely Cly	Where did injury occur? (Cor of town) (State)	
A-plant Co mid.		
Location	injured at home, tarm, Industry, public place (where?)	
18. Funeral director Aug Bailen	Means of Injury injured et work?	
Address Darlington Md.	Joseph a. Amt. M.D.	
1 00 15 1m (b. 11)	23. SIGNATURE	
19 (Date ree'd by registrar) 18 43 Registrar	Address Apolitic Deputy frederical depositioner	

RECEIVED MAR 6 1945

BUREAU V.

2411 N. Charles St., Baltimore

93-d

CERTIFICATE OF DEATH

00588 eg, Dist, No. / 82

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Andrews	State 2nd County Harford
(If outside city or town limits, write RURAL and give nearest town)	0 1 0 1111
How long in above place of death? 2 4 7 3.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. mell-green
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Marn & Autled	91
4.52 Soloror race Sary bingle, merried, widowed, or diversed	MEDICAL CERTIFICATION
Femolitaite Kidow	20. DATE OF DEATH 904 18 1945 et 10 M
Minke Bull	71
6.(b) Name of husband or yile Mcholas ducledge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Region 14 86 9	Dae 3/ 1943 10 gan 18 1945
7. Birth date of deceased (mo., day, yr.) Jan. 14, 1869	and that I last saw here alive on Sau 117 19. 4
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
41 0	Cerebral Thromborio 2de.
/6 0 2hrsmin.	***************************************
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation Housework	
0.4	Due to
f1. Industry or business	
12. Name 13.40 11.50 12.	Other conditions Chr. Myorandial Disease
13. Birthplace forg w, md,	gen arlerio Jelevosio
14. Malden name Marin a Carr	(Include pregnancy within 3 months of death)
5 1 -16 1 CE MAL	Major findings of operations.
≥ 15. Birthplace	Date of op
16. Informant / Dr. Mary Carlage	Autopsy results
Address Street Mod. R. M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Day 20 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, creation or removed Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cometery Highland Cen,	Where dld injury occur? (City or town) (County) (State)
Andread Co Mus.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. O. Bauley	Means of Injury Injured at work?
Address Parlington May	/A \ AA A O //- A
1/10 11 10 · · · · · · · · · · · · · · · ·	23. SIGNATURE CULLOARD P. HEDSON
19. 119 19 4 5 Usella Toword	7 most Lloo Sep 1/10/v.c-

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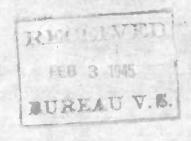
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2411 N. Charles St., Baltimore 107

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eg. Dist No	1	0	1	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State Many and County Atan ork
3 200	City or town
How long in above place of death?	(If outside ty or town limits, write RURAL and give nearest town)
337.5.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Eloisa Elizabeth	2. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The selection of the se	January 5 11-72
timade toward	20. DATE OF DEATH 19 91 M
B.(b) Name of husbend or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19to
7. Birth date of Sirth date of	and that I last saw hative on
deceased (mo., day, yr.) Leys. 8, 1944	
8. AGE: Yeare Months Days If less than one day	Immediate cause of death
3hrsmin.	Brushy number 2 da
9. Birthplace (Town, county, and state)	
9. Birthplace	Due to.
2	1100000011110000000001111100011100001111
tO. Usual occupation	Due to
† 1. Industry or business	
12. Name Charles Scomon	
	Diber conditions
	(Include pregnancy within 3 months of death)
t4. Malden name Durle Canles	(therade pregnancy within a months of destily
0	Major findings of operations.
El 15. Birthplace Cenyman MA	Date of op.
16, Informant Missa Hazel Lenly	Autopsy results.
Address Vingerman Wal	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
- Continue of the party of the	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
// . M. 6	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location flan alwaller ma	Injured at home, farm, industry, public place (where?)
18 Funning Henry Jarring Hors	Means of Injury Injured at work?
t8. Funeral director.	Levald C. Jalmer M.P.
Address Coloracen Mr. ()	Diputy Medical Examine
Jan 9 15- Diallie RATIO	23. SIGNATURE
Date rec'd by registrar) [Registrat	3.0Ail nel. 1/1/45
(Registra)	Address Del TTV Bate signed



PLEASE WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7300

CERTIFICATE OF DEATH

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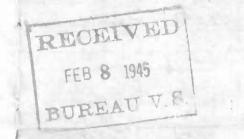
Reg. Dist. No. 18/

		7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Maryland County Androl	
(If outside city or town-limits, write RURAL NEAR and give town)	1 20.	
Street address, hospital, or Institution:	City or town (If outside city or town limits, write RURAL NEAR and give town)	
	Street No	
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME	3. (b) Social Security Numb	er
Frankli Whitehas Stan	dilad 212-05-070	71
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH Allean 17 1945, 21	412m
8 (b) Name of humania wife M. Blanch Standiford	21. I/CERTIFY that death occurred on the date above stated; that I attended deceased fro	om
6(c) If allve, give age 654years	- Julary /7 1845 10 Julay 17:	1945
7. Birth date of	and that I last saw hallve on	45.
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause ol death	OURATION
/7 4hrsmin.	Cornar Jumbose 1	day
9. Birthplace Barford Cr. Mid	and is sold -	0 (48.
(Town, county, and state)	Oue to Allero Salarosa	fear
10. Usual occupation	Oue to Chonic Merranders 19	1481
11. Industry or business algebrane Foregan	0	1
12. Name - Maltier Standeford 13. Birthplace Clayton Barbadet	Other conditions	
13. Birthplace Clayfor Gafred Cy	(Include pregnancy within 3 months of death)	
14. Malden name Landa Brankle 15. Birthplace Garbord Cor Mil	Major findings:	PHYSICIAN
\$ 15. Birthplace farford Co Mil	the	lease underline cause to which
16. Informant Mus. N. Alanch Standiford	char	th should be rged statisti-
Address 141 Rost Boad Cherleen mid	Of autopsy cally	у.
n distribution of the state of	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Chafele	Where dld injury occur? (City or town) (County) (Sta	ite)
Location Wilna Harford Co. not	injured at home, farm, industry, public place (where?)	
18. Funeral director Henry January Synt	Means of Injury Injured at work?	
Address a Landeen md	Fam. Tinellal	m
Les 15 160 Dolling of Rills	23. SIGNATURE M.D. or orfice	er
19. Date rec'd by registrar	Address Lalle to fall and signed	20017.

RECEIVED
FEE 3 1945
BUREAU V.S.

2411 N. Charles St., Baltimore (31.0)

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty.	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mily County July 1
ow long in above place of death?	City or iown
ospital, institution, or streef address where death occurred:	
	Street No
ow long in hospital or institution?	2.(a) If veteran, name war
(a) FULL NAME	
France Verbak	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hale Mule Married.	20. DATE DE DEATH. 1/18 14 X at 8 7 M
(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 V J 10 Jacq 19 V J
Birth date of	and that I last saw harmalive on
deceased (mo., day, yr.) AGE: Years Months Days If less than one day	Immediate cause of death don'to they of as deep frame DURATION
101	
nin.	
Birthplace (Town, county, and state)	Due to Cardio Newal Mesero,
), Usual occupation.	
	Oue to
I. Industry or business	
12. Name	Dther conditions
f3. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name	
15. Birthplace	Majar findings of operations.
Ma Frank Alankak	Date of op
3. Informany	Antapsy results
Address tallston Mes.	
Date thereof Jan 25-45	22. VIOLENCE: If death was due to exteroal causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location & Alleston	Injured at home, farm, industry, public place (where?)
Funeral Green Suchesper 9 10066.	Means of Injury tnjured at work?
Address Blusow. W.C.	Martin
1/10 46 P 11 F	23. SIGNATURE
(Date rec'd by registrar)	Address Bell au ned Bate signed 1/18/45



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

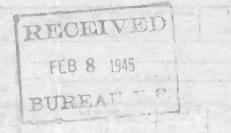
2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

The second secon	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Will D	State County HARFURD
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
How tong In hospitat or Institution? 3 weeks	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Munne J.	SWAM NONE.
4. Sex 5. dolor or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Demale white marked	20. DATE OF DEATH JANUARY 22 1945 at 7:304.
8.(b) Name of husband or wife Varnes H. Swan	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	JAN. 137 1945, 10 JAN. 22 1945
7. Birth date of deceased (mo., day, yr.) Tel 28 1883	and that I last saw h. & alive on J.A. N. 2127 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
6" / 10hrsmin.	DEREBRAL HROMBOSIS 45 mon
md	DIAMETES MELLITUS 5ym-
9. Birthplace	Due 1h.
1D. Usual occupation Drowseweffe	Bue to
11. Industry or business	
12. Name Italian Lerma med	Other conditions CHR MYOCARDIAL DISEASE
13. Birthplace Germany	(Include pregnancy within 3 months of death)
14. Malden name Abbathacketing Gt. 15. Birthpiace	Major findings of operations.
2 15. Birthplace	Date of on.
16. Interment Mr. James A. Buran	Antopsy results.
Address Forest Hill md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burual Date thereof Jan 25 19*	22. VIOLENCE: tf death was due to externat causes, till in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Forest The my	Injured at home, farm, industry, public place (where?)
18. Funeral director Harsherser & Grass	Means of Injury Injured at work?
Address Benson md	(Si clara P. L. L. Dros.
1/95; 46 Pinil formal	23. SIGNATURE CLUBACA P. HURSON
19. 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Forest 1500 male signed 1/22/4

VS A15

PLEASE WRITE



PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 115-6)



00593

1. PLACE OF DEATH: Harpor	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Cou
How long in above place of death?	Street No. 133 Deaux 51. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Thomas	3. (b) Social Security Number
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated that I attended deceased from 18
1. Birth date of deceased (mo., day, yr.) 12 - 9 - 1935	and that I last saw h. 1.344. allve on Jan Jan 3 19.45 Immediate cause of death
8. AGE: Tears Months Days If less than one day A hrsmin.	Edema of alatid due to hemolytic strepto.
9. Birthplace	Due to Toxic Myocard tic + concust 2 days
10. Usual occupation	Oue to 3 out 5
11. Haustry or ausmess 12. Name Llevelly Thomas 13. Birthplace England.	Other conditions Streettorocciel some throats
14. Maiden name Naowi Freek	(Include pregnancy within 3 months of death) Major findings ol operations
2 15. 8irthplace 16. Informant Latter his Semelly Distress	Antopsy results
Address 133 Deaver St. Houre Jayou.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory.	Accident, suicide, or homicide
Location Thank on the	injurad at home, farm, industry, public place (where?)
18. Funeral director. Address Have de Prace Md.	AM vigor frederill
19. 1-14 19.45 O. S. Leuris M. O. Registrar	Address Jacks of State Control of State Signed

TO THE THE PARTY OF THE PARTY O

Section in Control of Control of the

THE PROPERTY OF THE PARTY OF TH

FEB 5 1945

BUREAU V.B.

2411 N. Charles St., Baltimore 157-2

1115

CERTIFICATE OF DEATH

() (15.94 Reg. Diat. No. 182

I, PLACE OF DEATH:	(For newborn infants give realdence of mother)
County HARFORD	State Md county / Landord
City or town	
How long in above place of death? Since Birth	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Val-
	Sireet No. (If rural, give LOCATION)
How long in hospital or Institution?	
	2.(a) If veteran, name war
RANSOM BRIAN WYATT	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WA. Organt	20. DAYE DE DEATH Jan 17 1945 at 3:00 A M
O /E\ Name at husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Jan 17- 1045 10 Jan 17 1045
7. Birth date of	am that I last saw h alive on
deceased (mo., day, yr.) august 4, 1944	
8. AGE: Years Months Days If less than one day	Congenial Heart Desago Sever
5 /3min.	
	Birt
9. Birthplace Kalmia Harfind Co md (Town, county, and state)	Due to
10. Usual occupation. Trans	Due to.
11. Industry or business	
# 12, Name Rayson Wyatt	Diher conditions
13. Birthplace Welkes Co. (n. C.	
	(Include pregnancy within 3 months of death)
14. Maiden name. Asaloe Baro 15. Birthplace Osla Co, N.C.	Major findings of operations
2 15. Birthplace aska co, n.C.	Paie of on.
18 Informant asolae Wight	
16. III William	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bel air, mall	
Bunteral 1/20/4/2	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or remaya). Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Lossesses	Where did injury occur?
(10/2 / 7/2)	Injured al home, tarm, industry, public place (where?)
Location	
18. Funeral director Ramson Weatt. Father	Means of Injury Injured at work?
Address Bel air. Route !.	15. 011
	23. SIGNATURE Welland R Hedson
10 1/18 1.45 Piscella toward	M. D. or other
19. 19. V Wellla Jowana Registrar	Address Forest Hell ma Baie signed ///7/Xu

AND THE REPORT OF THE PARTY OF

FEB 8 1945 BUREAU V.S.